



Michigan Psychoanalytic Foundation

Advertising Form

Business or Advertiser Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Solicitor name: _____

Please submit payment with form. Make your check payable to:

Michigan Psychoanalytic Foundation
32841 Middlebelt Road, Suite 411
Farmington Hills, MI 48334
Phone: 248-851-3380 Fax: 248-851-1806

Amount: _____ VISA/MasterCard: _____

Name on card: _____

Exp. Date: _____ Security Code: _____

Advertiser's Signature: _____

AD DEADLINE: December 31, 2020

___ Full page – 7.5” wide x 10” high	\$1,000
___ Half page – 7.5” wide x 4.5” high	\$ 500
___ Quarter page – 3.5” wide x 4.5” high	\$ 350
___ Eighth page (business card) – 3.5 wide x 2” high	\$ 250

Please print copy of your ad as you wish it to appear, or attach a business card or camera ready artwork. **DO NOT FOLD, STAPLE OR TAPE ARTWORK.**

Note any special instructions:

Electronic submissions may be sent “Attention Lori” to benefit@mpi-mps.org